

FILED JUL 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File # 20323

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5904 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY MONROE			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY MONROE		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL		c. LENGTH OF STAY (in this place) 73 YEARS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - JACKSON		d. STREET ADDRESS (If rural, give location) 2 MI WEST OF PARIS, MO.
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 MI WEST OF PARIS, MO.					

3. NAME OF DECEASED (Type or Print) a. (First) ELLEN b. (Middle) JANE c. (Last) TRUSSELL			4. DATE OF DEATH (Month) (Day) (Year) JULY 2 1949		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 13, 1874		9. AGE (In years last birthday) Months Days Hours Min. 74 9 19 - -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) ILL.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME FIELDEN MCCOY		13b. MOTHER'S MAIDEN NAME KITTIE A. GUMMINS		14. NAME OF HUSBAND OR WIFE WILLIAM H. TRUSSELL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lulu Carey		

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory and Cardiac failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. carcinoma of pelvis and bone. N.H. DUE TO (b) metastasis of cancer of pelvis DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 199A
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **March 26, 1949** to **July 2, 1949**, that I last saw the deceased alive on _____, 19____, and that death occurred at **2 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Melvin G. Christman M.D.		23b. ADDRESS Paris, Mo.		23c. DATE SIGNED 7-2-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JULY 4th	24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE		24d. LOCATION (City, town, or county) (State) PARIS, MO.	
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DATE REC'D BY LOCAL REG. July 4, 1949	REGISTRAR'S SIGNATURE Albert Baker M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Speed + Blakey Paris, Mo.		
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 7-49-116

Date Filed JUL 6 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.